

Be it enacted by the Legislature of the state of Utah:

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26	Section 1. Section 58-17b-626 is enacted to read:
27	58-17b-626. Direct or indirect remuneration by pharmacy benefits managers
28	Disclosure of customer costs.
29	(1) As used in this section:
30	(a) "Cost" means the amount paid by a customer:
31	(i) with or without coverage by a health benefit plan;
32	(ii) with or without copays, deductibles, or coinsurance; and
33	(iii) with or without assistance from a drug manufacturer or others.
34	(b) (i) "Direct or indirect remuneration" means any adjustment in the total
35	compensation:
36	(A) received by a pharmacy from a pharmacy benefits manager for the sale of a drug,
37	device, or other product or service; and
38	(B) determined after the sale of the product or service.
39	(ii) "Direct or indirect remuneration" includes performance-based adjustments.
40	(c) "Health benefit plan" means the same as that term is defined in Section 31A-1-301.
41	(d) "Sale" means a sale covered by a health benefit plan.
42	(2) If a pharmacy benefits manager or coordinator uses direct or indirect remuneration,
43	the pharmacy benefits manager or coordinator shall report to the pharmacy:
44	(a) the amount of direct or indirect remuneration related to the sale;
45	(b) the reason for the direct or indirect remuneration; and
46	(c) if the direct or indirect remuneration is a reduction in total compensation, what the
47	pharmacy can do to prevent the direct or indirect remuneration in the future.
48	(3) The report described in Subsection (2) shall be sent to a pharmacy no later than 90
49	days after the pharmacy benefits manager or coordinator receives a report of a sale of a product
50	or service by the pharmacy.
51	(4) (a) A pharmacy benefits manager or coordinator may not prohibit or penalize the
52	disclosure by a pharmacist of the cost of a drug, device, or other product or service sold by the
53	pharmacist to a patient or to the public.
54	(b) Penalties that are prohibited under Subsection (4)(a) include increased utilization
55	review, reduced payments, and other financial disincentives.
56	(5) A pharmacy benefits manager or coordinator may not require a patient to pay, at the

57	point of sale for a covered prescription drug, more than the lesser of:
58	(a) the applicable copayment for the prescription drug being dispensed;
59	(b) the allowable claim amount for the prescription drug being dispensed; or
60	(c) the amount that the patient would pay for the prescription drug if the patient
61	purchased the prescription drug without using a health benefit plan.